

Homeowner Assistance Program (HoAP) Medical Professional Verification of Disability

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Applicant Name:		Applicant ID #:	
Co-Applicant Name: (If Applicable)		Damaged Property:	
Name of Person Claiming Disability: (if different from Applicant or Co-Applicant)			

To the medical professional whose certification is requested below: The City of Houston's Housing and Community Development Department (HCDD) is utilizing U.S. Department of Housing and Urban Development Community Development Block Grant Disaster Recovery Program ("Program") funds to provide housing assistance to homeowners affected by Hurricane Harvey. The Applicant named above has asserted that he/she, or a member of his/her household, has a disability need which could be enhanced by the housing benefit provided by the Homeowner Assistance Program (HoAP). Disability-based requirements must be documented by the opinion of a medical professional. An authorized individual has lawfully consented to release to HCDD and its HoAP Contractor the medical opinion below regarding the claimed disability. All information provided by a medical professional will be used solely to establish disability status as it relates to their housing needs. The Program may not ask about the nature of an individual's disability, and medical professionals should not disclose specific details or diagnoses. A claimant must have a disability as defined under one or more of the statutes as listed below.

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.

To the Applicant and/or person claiming disability: The undersigned medical professional has knowledge of whether the claimed disability						
meets the definition applicable to this verification so that you or you	r household may qualify for certain housing modifications under the City of					
	Houston's Homeowner Assistance Program (HoAP). YOU ARE NOT OBLIGATED TO CONSENT TO THE RELEASE OF THIS INFORMATION. However,					
	om the medical professional to determine any special housing needs. HoAP					
may request from the medical professional only the minimum information necessary to determine whether the applicable definition of disability						
has been met.						
I hereby authorize release of the requested information to the HoAP Program before the stated expiration date.						
Signature of Authorized Person D	rate Date Authorization Expires					
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MEDICAL PROFESSIONAL CERTIFICATION OF DISABILITY AND HOUSING MODIFICATIONS:						
I hereby certify that, in my opinion, the disability claimed by the above-named Applicant or person claiming disability						
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☐ Does ☐ Does Not meet the definition of disability set for	orth in this following pages of this Verification.					
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Signature of Medical Professional	Title and Organization					
Printed Name:	Date:					







To the medical professional whose certification is requested:

For the purposes of receiving special housing accommodations under this Program, an applicant or person claiming disability must meet the definition of disability, person with a disability, handicapped person, or disabled/incapacitated person contained in one or more of the following laws:

(A) The Social Security Act, as amended, 42 U.S.C. § 423(d) (2012):

- Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of hot less than 12 months; or
- 2. In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time.

For the purpose of this definition, the term blindness, as defined in 42 U.S.C. § 416(i)(1)(B), means central vision acuity of 20/200 or less in the better eye with use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having a central visual acuity of 20/200 or less.

(B) The Americans With Disabilities Act of 1990, as amended, 42 U.S.C. § 12102(1)-(3)(2012):

- 1. A physical or mental impairment that substantially limits one or more major life activities of an individual;
- 2. a record of such impairment; or
- 3. being regarded as having such an impairment (as described below)

For purposes of paragraph 1, major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing hearing, eating sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

For purposes of paragraph 1, major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

For purposes of paragraph 3, an individual meets the requirement of "being regarded as having such an impairment" if the individual establishes that he or she has been subjected to an action prohibited under the ADA because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity. Paragraph 3 shall not apply to impairments that are transitory and minor. A transitory impairment is impairment with an actual or expected duration of 6 months or less.



FORM H3



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FORM H3

- (C) United States Department of Housing and Urban Development regulations, 24 C.F.R. §§ 5.403 and 891.505 (2012):
 - 1. Any adult having a physical, mental, or emotional impairment that is expected to be of long continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
 - 2. A person with a developmental disability, as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(5)), i.e., a person with a severe chronic disability that:
 - (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - (ii) Is manifested before the person attains age twenty-two;
 - (iii) Is likely to continue indefinitely;
 - (iv) Results in substantial functional limitation in three or more of the following areas of major life activity;

(A) Self-care;

(E) Self-direction;

(B) Receptive and expressive language;

(F) Capacity for independent living;

(C) Learning;

(D) Mobility;

- (G) Economic self-sufficiency; and
- (v) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services that are of lifelong or extended duration and are individually planned and coordinated.
- 3. A person with a chronic mental illness, i.e., if he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

For the purpose of this definition, disability includes the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, and does not include a condition based solely on any drug or alcohol dependence

